



CITY AND COUNTY
OF THE CITY OF CHESTER

Medical Inspection of School Children

1967

D. F. MORGAN, M.B., Ch.B., D.P.H.
Principal School Medical Officer.



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STAFF OF SCHOOL MEDICAL DEPARTMENT

PRINCIPAL SCHOOL MEDICAL OFFICER

David F. Morgan, M.B., Ch.B., D.P.H.

Deputy School Medical Officer

Ivy F. Fallon, M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers

Thelma R. Asfour, M.B., Ch.B., D.P.H. (Resigned 30.6.67)

Barbara C. Thompson, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P. (Part-time)

Shirley Charles-Jones, M.B., B.S.(Lond.) (Commenced 1.5.67, Resigned 19.7.67)
(Part-time)

Diana Perry, M.B., B.S., D.C.H., D.Obst., R.C.O.G. (Commenced 16.8.67,
Resigned 21.12.67) (Part-time)

Muriel J. W. Dobbin, M.B., Ch.B. (Commenced 11.9.67)

Principal School Dental Officer

G. H. Stout, V.R.D., L.D.S.

School Dental Officers

W. M. Shaw, L.D.S. (Resigned 7.7.67)

Cynthia F. Male, L.D.S. (Resigned 31.12.67, Re-commenced 24.10.67) (Part-time)

M. D. Turnbull, L.D.S. (Commenced 1.5.67, Resigned 31.10.67)

M. J. Kearney-Mitchell, B.D.S. (Commenced 1.8.67)

Superintendent School Nurse (Health Visitor)

Miss D. E. Paddon, S.R.N., S.C.M., H.V., Q.N.

Speech Therapist

Vacancy

Clerk i/c. S.H.S.

W. J. O. Lewis

ORGANISATION AND ADMINISTRATION

As in a number of other Authorities, the duties of the Medical Staff of the Corporation are shared between Health and Education. Thus the Principal School Medical Officer is also Medical Officer of Health: The Deputy and Assistants (one full-time and two part-time) are similarly shared.

Eight Health Visitors-School Nurses and three Clinic Nurses also have divided duties between Health and Education, and work under the Superintendent Nursing Officer, whose authority extends to Health Visitor—School Nurses, District Nurses and Midwives.

Three Dental Officers, with four Attendants, one Speech Therapist (up to 31/1/66) and two full-time School Health Clerks work entirely under the Education Authority, the clerical work being assisted and assisting that of the Health Department (there is some flexibility.)

DUTIES

The School Health Service includes (in Chester) provision for:—

1. The Routine Inspection and Re-inspection of pupils.
2. The ascertainment and re-inspection of Handicapped Pupils, including the mentally handicapped.
3. Arrangements for the medical treatment (by the Family Doctors and Specialists) of pupils, or for their observation.
4. A complete Dental Service at the School Dental Clinics (including Dental Health Education) at the Central Clinic and at Blacon Clinic.
5. Speech Therapy Service.
6. Hygiene inspections of all pupils each term, Health Education and the cleansing of verminous pupils.
7. Attention to hygiene of the School premises and buildings.
8. The Medical Examination of teachers, canteen staff and cleaners.
9. The examination of pupils as to their fitness for employment.
10. Minor Ailments Clinics for pupils, daily, during term time, at St. Martin's House Clinic and at Lache Primary School.

Routine Medical Inspections and Re-inspections

The routine inspection of pupils and re-inspection of defects has been under consideration for some years. Some Authorities have adopted a scheme of examining entrants and leavers, but in the intervening years only examined pupils referred specially by Teachers, Parents and Nurses. This is claimed to save time, and allow more careful examination of handicapped pupils.

It is noted, however, that some defects are 'silent' and do not draw the attention of the teacher or parent or nurse. The true function of our Service is to prevent handicaps before they make their presence obvious to people who are not medically qualified, as well as to ensure treatment of established defects. Teachers, in their anxiety not to miss defects, would refer many pupils and it is very difficult to see how such a scheme, if efficient, would save any time at all. While agreeing that Routine Inspection is monotonous, that is small price to pay for the care we must take to ensure an 'A1' school population. We prefer in Chester to 'bear the ills we have' rather than risk an inefficient service which manifestly gives a much greater risk of missing a handicapped pupil. So we carry out Routine Medical Inspections three times (at least) during school life—(1) on entry into school life, (2) at ten years plus, the intermediate group before entry into Secondary School, and (3) on leaving school. Defects are re-examined on every possible opportunity—at the end of the Routine Inspection, and specially referred pupils may be seen at any time—but usually, of course, at the School Medical Inspection.

Accommodation for School Medical Inspections

In most of the newer schools, a Medical Inspection Room is provided and usually this is a single room without a waiting-room. Two rooms are necessary for the efficient conduct of the Inspection: in the waiting-room pupils can be undressed and weighed (and sometimes a preliminary sight test can be done; in the Doctor's Consulting Room there should be a wash-hand basin).

Sometimes the Medical Inspection Room has had to be used for other purposes, e.g. Secretary's Office. It must be very difficult not to make such use of a room which is otherwise so rarely used when space has become so much in demand. Perhaps the Education bulge (due to rising birth rate) has caused this. All too often the Inspections have had to be carried out in the Staff Room. Co-operation from the Staff has been excellent and willingly given. But such conditions should not exist now. During 1967,

eight schools had to have their S.M.I.'s at the Local Authority Clinics—four County Schools and four Church Schools.

Programme of School Medical Inspection

Periodic or Routine Inspections are carried out as follows:—

Entrants (Infants Schools): Michaelmas Term (Sept. to Dec.);

Intermediate Group (10 years plus): Summer Term (April to July);

School Leavers: Spring Term (January to April).

Special Inspections of pupils are made at all Periodic Inspections and at any time at the School Clinics.

Reinspection of Defects occurs at the end of each Periodic Inspection.

General

There were 36 Schools having 48 departments in the City.

		Nos. on Roll at December					
		Depts.	1963	1964	1965	1966	1967
			<hr/>				
Nursery Schools	...	2	80	80	80	80	80
Infants' Depts.	...	18	5837	5965	5843	5999	6203
Junior Depts.	...	16					
Secondary Modern		8	2624	2665	2591	2645	2734
Secondary Grammar		2	1058	1166	1163	1164	1189
Direct Grant	...	2	751	771	784	795	828
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		48	10350	10647	10461	10683	11034

The percentage attendance of Pupils in Primary and Secondary Schools was 88.9 (all ages), 88.4 per cent. (of school age).

Comparison with previous years:—

	1963	1964	1965	1966	1967
Percentage of attendance (all ages) ...	88.1	89.8	88.6	88.5	88.9

SCHOOL MEDICAL INSPECTIONS

NUMBER OF PUPILS EXAMINED DURING THE YEAR 1967

School	Department	Medical Inspections		
		Periodic	Special	Re-Inspection
All Saints' C. of E.	Infants	24	—	16
Blacon	County Junior	85	—	53
Blacon	County Infants	82	—	42
Cherry Grove	County Junior	78	—	40
Cherry Grove	County Infants	84	—	45
Dee Point	County Junior	33	—	44
Dee Point	County Infants	104	—	40
Egerton Street	County Infants	29	—	18
St. Francis's R.C.	Primary	62	—	26
Handbridge St. Mary's C. of E.	Primary	150	—	78
Hoole	County Primary	106	—	36
Highfield	County Junior	80	—	37
Highfield	County Infants	79	—	44
Lache	County Primary	156	—	111
St. Mary's Hill C. of E.	Infants	39	—	9
Newton	County Primary	95	—	54
St. Paul's C. of E.	Primary	46	—	18
St. Theresa's R.C.	Primary	122	—	49
St. Thomas's C. of E.	Primary	68	—	12
Victoria Road	County Primary	83	—	60
St. Werburgh's R.C.	Junior	86	—	40
St. Werburgh's R.C.	Infants	86	—	26
Westminster C. of E.	Junior	31	—	60
Woodfield	County Junior	82	—	50
Woodfield	County Infants	100	—	50
Secondary Schools				
Bishops' C. of E.	Secondary (B. and G.)	144	—	114
Hoole	County Sec. (B. and G.)	126	—	110
Love Street	County Sec. (Girls)	146	—	67
Overleigh	County Sec. (Boys)	142	—	105
St. Bede's R.C.	Secondary (B. and G.)	120	—	65
Nursery Schools				
Boughton	Nursery	17	—	7
Hilary Howarth	Nursery	22	—	10
Secondary Grammar Schools				
City Grammar	Boys	149	—	120
City High	Girls	119	—	132
Direct Grant Schools				
Queen's	Girls	133	—	121
Dee House Ursuline Convent	Girls	88	—	95
Dee House Ursuline Convent	Preparatory	70	—	10
TOTALS (1967)		3266	—	1815

Comparison with previous years

Year	Routine or Periodic Inspections	Specials	Re-Inspections	No. on Rolls
1960	3122	7	1174	10866
1961	3608	—	1258	10603
1962	3055	17	1899	10485
1963	3183	3	1526	10350
1964	3238	1	1720	10647
1965	3112	1	1838	10461
1966	3123	—	2029	10683
1967	3266	—	1815	11034

CITY HIGH SCHOOL

Numbers Examined—

Periodic	119
Specials	—
Re-inspections	132

Physical Condition

Satisfactory

• 119 (100%)

Unsatisfactory

—

Defects

Periodic Inspections

Special Inspections

	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	6	—	—	—
Eyes:—				
(a) Vision	34	—	—	—
(b) Squint	2	1	—	—
(c) Other	—	—	—	—
Ears:—				
(a) Hearing	—	—	—	—
(b) Otitis Media	1	1	—	—
(c) Other	—	—	—	—
Nose or Throat	—	—	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	1	—	—
Lungs	—	—	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	—	—	—
Orthopaedic:—				
(a) Posture	—	—	—	—
(b) Flat Foot	—	—	—	—
(c) Other	—	—	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	—	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	—	—	—	—
Abdomen	1	—	—	—
Other Defects	6	—	—	—

Number of pupils found to require treatment for defective vision excluding squint 34

Number of pupils found to require treatment for all other conditions 16

Total number of individual pupils requiring treatment 47

CITY GRAMMAR SCHOOL

Numbers Examined—

Periodic	149
Specials	—
Re-inspections	120

Physical Condition

Satisfactory

149 (100%)

Unsatisfactory

—

Defects

Periodic Inspections

Special Inspections

	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	32	4	—	—
Eyes:—				
(a) Vision	41	7	—	—
(b) Squint	2	—	—	—
(c) Other	1	1	—	—
Ears:—				
(a) Hearing	—	—	—	—
(b) Otitis Media	1	—	—	—
(c) Other	—	—	—	—
Nose or Throat	2	5	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	2	—	—
Lungs	1	1	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	—	—	—
Orthopaedic:—				
(a) Posture	—	—	—	—
(b) Flat Foot	1	2	—	—
(c) Other	2	4	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	—	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	—	1	—	—
Abdomen	—	—	—	—
Other Defects	1	2	—	—

Number of pupils found to require treatment for defective vision excluding squint 41

Number of pupils found to require treatment for all other conditions 42

Total number of individual pupils requiring treatment 72

QUEEN'S SCHOOL

Numbers Examined—

Periodic	133
Specials	—
Re-inspections	121

Physical Condition

Satisfactory

133 (100%)

Unsatisfactory

—

Defects

	Periodic Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	4	1	—	—
Eyes:—				
(a) Vision	29	3	—	—
(b) Squint	2	—	—	—
(c) Other	—	—	—	—
Ears:—				
(a) Hearing	—	1	—	—
(b) Otitis Media	—	—	—	—
(c) Other	2	—	—	—
Nose or Throat	1	1	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	7	—	—
Lungs	1	1	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	—	—	—
Orthopaedic:—				
(a) Posture	—	2	—	—
(b) Flat Foot	—	1	—	—
(c) Other	2	6	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	—	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	—	—	—	—
Abdomen	—	—	—	—
Other Defects	—	3	—	—

Number of pupils found to require treatment for defective vision excluding squint 29

Number of pupils found to require treatment for all other conditions 12

Total number of individual pupils requiring treatment 39

DEE HOUSE URSULINE CONVENT SCHOOL

Numbers Examined—

Periodic	88
Specials	—
Re-inspections	95

Physical Condition

Satisfactory
88 (100%)

Unsatisfactory
—

Defects

	Periodic Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	5	—	—	—
Eyes:—				
(a) Vision	13	—	—	—
(b) Squint	—	1	—	—
(c) Other	—	—	—	—
Ears:—				
(a) Hearing	—	1	—	—
(b) Otitis Media	1	1	—	—
(c) Other	—	—	—	—
Nose or Throat	—	1	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	8	—	—
Lungs	—	—	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	—	—	—
Orthopaedic:—				
(a) Posture	1	1	—	—
(b) Flat Foot	—	—	—	—
(c) Other	2	2	—	—
Nervous System:—				
(a) Epilepsy	1	—	—	—
(b) Other	—	—	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	1	—	—	—
Abdomen	3	1	—	—
Other Defects	1	4	—	—

Number of pupils found to require treatment for defective vision excluding squint 13

Number of pupils found to require treatment for all other conditions 15

Total number of individual pupils requiring treatment 27

OVERLEIGH COUNTY SECONDARY SCHOOL (BOYS)

Numbers Examined—

Periodic	142
Specials	—
Re-inspections	105

Physical Condition

Satisfactory

142 (100%)

Unsatisfactory

—

Defects

Periodic Inspections

Special Inspections

	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	13	3	—	—
Eyes:—				
(a) Vision	30	1	—	—
(b) Squint	6	—	—	—
(c) Other	1	—	—	—
Ears:—				
(a) Hearing	2	—	—	—
(b) Otitis Media	—	—	—	—
(c) Other	—	—	—	—
Nose or Throat	2	4	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	2	—	—	—
Lungs	5	2	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	1	—	—
Orthopaedic:—				
(a) Posture	—	—	—	—
(b) Flat Foot	2	—	—	—
(c) Other	4	3	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	—	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	—	—	—	—
Abdomen	—	—	—	—
Other Defects	2	9	—	—

Number of pupils found to require treatment for defective vision excluding squint 30

Number of pupils found to require treatment for all other conditions 39

Total number of individual pupils requiring treatment 49

CHARLES KINGSLEY COUNTY SECONDARY SCHOOL (GIRLS)

Numbers Examined—

Periodic	146
Specials	—
Re-inspections	67

Physical Condition

Satisfactory
144 (98.63%)

Unsatisfactory
2 (1.37%)

Defects

	Periodic Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	6	—	—	—
Eyes:—				
(a) Vision	14	1	—	—
(b) Squint	1	1	—	—
(c) Other	—	—	—	—
Ears:—				
(a) Hearing	—	1	—	—
(b) Otitis Media	—	1	—	—
(c) Other	—	1	—	—
Nose or Throat	1	—	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	1	1	—	—
Lungs	—	—	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	—	—	—
Orthopaedic:—				
(a) Posture	—	1	—	—
(b) Flat Foot	—	2	—	—
(c) Other	1	1	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	—	—	—
Psychological:—				
(a) Developmental	—	1	—	—
(b) Stability	—	1	—	—
Abdomen	—	1	—	—
Other Defects	4	3	—	—

Number of pupils found to require treatment for defective vision excluding squint	14
Number of pupils found to require treatment for all other conditions	14
Total number of individual pupils requiring treatment	27

BISHOPS' C. OF E. SECONDARY SCHOOL (BOYS AND GIRLS)

Numbers Examined—

Periodic	144
Specials	—
Re-inspections	114

Physical Condition

Satisfactory

144 (100%)

Unsatisfactory

—

Defects

	Periodic Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	8	4	—	—
Eyes:—				
(a) Vision	26	4	—	—
(b) Squint	2	2	—	—
(c) Other	—	—	—	—
Ears:—				
(a) Hearing	—	2	—	—
(b) Otitis Media	1	2	—	—
(c) Other	—	—	—	—
Nose or Throat	3	6	—	—
Speech	—	—	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	2	—	—
Lungs	—	5	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	1	—	—
Orthopaedic:—				
(a) Posture	2	—	—	—
(b) Flat Foot	—	1	—	—
(c) Other	2	1	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	2	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	1	—	—	—
Abdomen	2	3	—	—
Other Defects	1	1	—	—

Number of pupils found to require treatment for defective vision excluding squint 26

Number of pupils found to require treatment for all other conditions 22

Total number of individual pupils requiring treatment 47

ST. BEDE'S R.C. SECONDARY SCHOOL (BOYS AND GIRLS)

Numbers Examined—

Periodic	120
Specials	—
Re-inspections	65

Physical Condition

Satisfactory

120 (100%)

Unsatisfactory

—

Defects

	Periodic Inspections		Special Inspections	
	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	12	2	—	—
Eyes:—				
(a) Vision	15	3	—	—
(b) Squint	2	1	—	—
(c) Other	1	—	—	—
Ears:—				
(a) Hearing	1	—	—	—
(b) Otitis Media	—	—	—	—
(c) Other	—	—	—	—
Nose or Throat	1	6	—	—
Speech	—	2	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	1	—	—
Lungs	1	3	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	1	—	—
Orthopaedic:—				
(a) Posture	—	—	—	—
(b) Flat Foot	1	—	—	—
(c) Other	6	6	—	—
Nervous System:—				
(a) Epilepsy	—	—	—	—
(b) Other	—	1	—	—
Psychological:—				
(a) Developmental	—	—	—	—
(b) Stability	—	—	—	—
Abdomen	—	2	—	—
Other Defects	—	6	—	—

Number of pupils found to require treatment for defective vision excluding squint 15

Number of pupils found to require treatment for all other conditions 25

Total number of individual pupils requiring treatment 31

HOOLE COUNTY SECONDARY SCHOOL (BOYS AND GIRLS)

Numbers Examined—

Periodic	126
Specials	—
Re-inspections	110

Physical Condition

Satisfactory

126 (100%)

Unsatisfactory

—

Defects

Periodic Inspections

Special Inspections

	Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin	16	1	—	—
Eyes:—				
(a) Vision	20	3	—	—
(b) Squint	—	1	—	—
(c) Other	2	3	—	—
Ears:—				
(a) Hearing	—	—	—	—
(b) Otitis Media	1	1	—	—
(c) Other	—	—	—	—
Nose or Throat	2	2	—	—
Speech	—	5	—	—
Lymphatic Glands	—	—	—	—
Heart and Circulation	—	3	—	—
Lungs	—	—	—	—
Developmental:—				
(a) Hernia	—	—	—	—
(b) Other	—	—	—	—
Orthopaedic:—				
(a) Posture	—	2	—	—
(b) Flat Foot	—	—	—	—
(c) Other	1	3	—	—
Nervous System:—				
(a) Epilepsy	1	—	—	—
(b) Other	—	1	—	—
Psychological:—				
(a) Developmental	2	2	—	—
(b) Stability	—	—	—	—
Abdomen	1	—	—	—
Other Defects	4	7	—	—

Number of pupils found to require treatment for defective vision excluding squint 20

Number of pupils found to require treatment for all other conditions 30

Total number of individual pupils requiring treatment 37

STATISTICS OF MEDICAL INSPECTION IN PRIMARY AND SECONDARY SCHOOLS

For the year ended 31st December, 1967

PERIODIC MEDICAL INSPECTION

Age Groups Inspected (By years of birth)		No. of Pupils Inspected	Physical Condition of Pupils Inspected			
			Satisfactory		Unsatisfactory	
			No.	% of Col. 2	No.	% of Col. 2
(1)		(2)	(3)	(4)	(5)	(6)
1963 and later	...	39	37	94.88	2	5.12
1962	...	1168	1168	100.0	—	—
1961	...	—	—	—	—	—
1960	...	—	—	—	—	—
1959	...	—	—	—	—	—
1958	...	—	—	—	—	—
1957	...	—	—	—	—	—
1956 and 1955	...	892	887	99.44	5	0.56
1954	...	—	—	—	—	—
1953	...	—	—	—	—	—
1952 and earlier	...	1167	1165	99.83	2	0.17
Total	...	3266	3257	99.72	9	0.28

Nine pupils out of 3,266 were found to be of unsatisfactory physical condition (0.28 per cent.). This classification of physical condition into satisfactory and unsatisfactory is one for which hard and fast rules and statistics cannot be laid down, and therefore it becomes largely a matter for the individual Medical Officer. Nevertheless, the figure of four out of 3,123 pupils examined at Routine Inspections shows a very slight increase, compared with previous years:—

	1963	1964	1965	1966	1967
Percentage Unsatisfactory	0.09	0.06	0.09	0.13	0.28

Pupils found at Periodic Medical Inspections to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth)				For defective vision (ex- cluding squint)	For any of the other con- ditions recorded in Part II	Total individual pupils
(1)				(2)	(3)	(4)
1963 and later	...	...	...	1	9	9
1962	...	...	...	54	103	153
1961	...	...	...	—	—	—
1960	...	...	...	—	—	—
1959	...	...	...	—	—	—
1958	...	...	...	—	—	—
1957	...	...	...	—	—	—
1956 and 1955	...	...	...	118	157	235
1954	...	...	...	—	—	—
1953	...	...	...	—	—	—
1952 and earlier	...	...	...	222	209	376
Total				395	478	773

The large number of pupils with visual defects requiring treatment will be noted. This is not confined to Secondary Grammar and High Schools, but also occurs in some County Secondary Schools. Lighting in schools is one factor to which great attention is paid.

Other Inspections.

Note.—A Special Inspection is one carried out on a pupil not due for Routine Inspection, at the request of a parent, doctor, nurse, teacher or other person. A Re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection previously.

Number of Special Inspections	...	...	...	...	—
Number of Re-inspections	...	...	...	...	1815

INFESTATION WITH VERMIN

	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
No. of individual hygiene examinations	19270	20339	20894	17820
No. of pupils found infested	514	578	464	427
No. of Cleansing Notices (Sec. 54(2))	69	51	24	19
No. of Cleansing Orders (Sec. 54(3))	12	22	7	2
Percentage infested ...	2.6	2.84	2.22	2.33

In the above table, the number of cleansing orders under Section 54(3) of the Education Act has been influenced by the facilities available for compulsory cleansing.

In the new Health Department at St. Martin's House (new building), accommodation has been provided for the cleansing of verminous children, under the supervision of one of the staff.

Procedure for dealing with Infestation

Each term, every pupil at County and Church Schools has a hygiene inspection. If the child is lightly infested, the parents are informed and told how to cleanse the child, but the child is not excluded from school. If the infestation is heavy, however, the child is sent home and excluded from school. Notification of parents is by notice sent through the post.

In 48 hours the child is re-examined—at school if there was no exclusion, at the Minor Ailments Clinic if there was. If free from infestation, the child returns to school, but if heavy infestation persists, a Cleansing Notice (under Section 54(2) of the Act) is sent to the parents, the child again excluded and required to attend for re-inspection in 48 hours at the Clinic.

If, on re-attendance, the pupil is still verminous or lousy, exclusion for 48 hours is again necessary and this time a Cleansing Order (under Section 54(3) of the Act) is sent, instructing the parents to bring the child for compulsory cleansing to the Cleansing Centre.

Failure, without reasonable cause, to present the child for compulsory cleansing is an offence.

Most parents act at once upon the informal notice first given, but there are a few lazy ones who will neglect their duty, and allow their children to suffer the physical discomfort and disgrace of being lousy. It is against these that our efforts are chiefly directed. Obviously a large family of young children in poor, overcrowded circumstances makes things difficult, but wanton neglect and disregard of their children's well-being should never be tolerated in our society: adequate means to stimulate the conscience of lazy parents seems to be lacking.

DEFECTS found by MEDICAL INSPECTION in the year ended 31st December, 1967.

PERIODIC INSPECTIONS

Defects or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	16	14	101	16	41	7	158	37
Eyes:—								
(a) Vision ...	58	20	222	22	83	38	365	80
(b) Squint ...	15	6	17	7	14	2	46	15
(c) Other ...	4	3	4	6	10	1	18	10
Ears:—								
(a) Hearing ...	9	7	3	4	6	4	18	15
(b) Otitis Media	5	13	5	6	9	3	19	22
(c) Other ...	1	2	2	1	—	1	3	4
Nose and Throat	18	30	12	26	25	40	55	96
Speech	3	8	—	7	2	5	5	20
Lymphatic Glands	—	—	—	—	—	2	—	2
Heart	—	19	3	24	11	19	14	62
Lungs	2	19	7	12	12	11	21	42
Developmental:—								
(a) Hernia ...	3	5	—	—	2	2	5	7
(b) Other ...	5	16	—	3	17	8	22	27
Orthopaedic:—								
(a) Posture ...	—	2	1	5	5	4	6	11
(b) Feet ...	17	13	4	6	7	3	28	22
(c) Other ...	4	17	20	26	9	18	33	61
Nervous System:—								
(a) Epilepsy ...	—	—	2	—	2	6	4	6
(b) Other ...	—	1	—	4	7	9	7	14
Psychological:—								
(a) Development	2	2	2	3	—	3	4	8
(b) Stability ...	—	12	2	2	—	7	2	21
Abdomen	1	5	7	7	2	16	10	28
Other	1	13	19	35	10	25	30	73
(T) Requiring Treatment.				(O) Requiring Observation.				

TREATMENT OF PUPILS

Pupils found to require treatment by their own General Medical Practitioners were referred directly to them. There were certain conditions—especially Orthopaedic, Eye and E.N.T.—which required specialist's attention. In these cases, the General Medical Practitioner was informed of the defect and given an opportunity to make alternative arrangements for treatment other than through the School Health Service. If the Doctor acquiesced, an appointment at the Specialist Clinic was made.

On receipt of the Specialist's report, a copy was sent to the pupil's own Medical Practitioner.

Minor Ailments were treated at Princess Street Central Clinic and at Lache School daily during school terms.

The attendances at the Minor Ailments Clinics during the year were:—

Group 1—Diseases of the Skin						Number of Cases known to have been treated
Ringworm—(a) Scalp	...	...	...	...	...	—
(b) Body	...	...	...	...	...	—
Scabies	...	...	...	...	...	9
Impetigo	...	...	...	...	...	26
Other Skin Conditions	...	...	...	...	...	16
Total	...	...	...	...	...	51

Group 2—Eye Diseases, Defective Vision and Squint

Cases referred to the Ophthalmic Surgeon under the School Health Service, were seen at Chester Royal Infirmary where greatly improved amenities in the new Out-Patients Department have reduced the waiting time to a minimum.

Specialists' Clinics for School Pupils are held (by appointment) every Wednesday afternoon.

Pupils may be referred to the Ophthalmic Surgeon through the School Health Service or by their own General Medical Practitioner.

All schoolchildren under the School Health Service are seen by the Ophthalmic Surgeon who may also arrange orthoptic treatment where necessary.

	1963	1964	1965	1966	1967
No. treated at orthoptic clinic	668	580	550	511	522
No. of orthoptic treatments given	1164	1890	1233	1806	1608
Operations for squint	25	28	25	28	17
No. of pupils for whom spectacles prescribed	361	387	405	418	416

Glasses are supplied to pupils and are often broken or lost. When this happens, the pupil (or parent) completes a form obtained from the Health Department and has the glasses repaired or replaced at the opticians. If it is considered by the Regional Hospital Board that there was negligence, the Local Education Authority bears the cost. When glasses are lost, the pupils are retested at the Hospital Clinic.

A very valuable and welcome liaison has existed between the Department and the Ophthalmic Clinic (through the Consultant Ophthalmic Surgeon) at the Royal Infirmary. The waiting time for treatment of visual defects was cut to a minimum; it is recalled that until the opening of the new Out-Patients Department (in 1963), conditions at the Clinic were difficult in the extreme.

Group 3—Ear, Nose and Throat

There is a weekly Clinic at Chester Royal Infirmary, on Wednesday afternoons to which pupils are referred by their own Medical Practitioner or through the School Health Service.

It is usual for reports on pupils to be made in duplicate, one copy going to the pupil's own General Medical Practitioner, and one to the School Medical Officer.

Screening of Deaf Children

It has not been feasible to arrange for mass audiometric screening of school children, but all pupils found to have a hearing defect at Medical Inspection were referred for Audiometry by a Senior Health Visitor/School Nurse, having experience therein.

OPERATIVE TREATMENT:—

It was not necessary during 1967 to postpone operation on account of the occurrence of Poliomyelitis.

	1963	1964	1965	1966	1967
(a) Disease of Ear ...	8	8	9	12	18
(b) Adenoids and Chronic Tonsillitis ...	94	120	126	70	88
(c) Other Nose and Throat Conditions ...	4	11	19	28	50
(d) No. of Pupils provided with Hearing Aids ...	4	6	6	2	1

Group 4—Orthopaedic and Postural Defects

All Orthopaedic cases were treated at the Clinics at the Royal Infirmary and were referred by their own Doctors or through the School Health Service.

	1963	1964	1965	1966	1967
No. treated in Hospital (In-Patients) ...	31	24	30	18	32
No. referred and treated in Out-Patients ...	20	34	34	22	*26

*Ref. to C.R.I.

Group 5—Child Guidance

The arrangements agreed with the County Council for the joint use of a Child Guidance Team could not be implemented because of the number of County cases. City cases were therefore referred to either the Notre Dame Child Guidance Clinic in Liverpool, or to the Child Psychiatric Clinics at Chester Royal Infirmary (these latter Clinics being run by the Regional Hospital Board).

The great disadvantage of the Liverpool Clinic is the distance and difficulty of access from Chester. Provision is made in the new Joint Office/Clinic premises under construction for a Child Guidance Clinic, and it is hoped that City cases will be seen there.

It is anticipated that when the County Council have appointed the necessary staff, it will be possible to treat pupils at the Clinic, St. Martin's House.

The numbers of pupils receiving treatment (Child Guidance and Child Psychiatry) were:—

1963	1964	1965	1966	1967
<hr/> 114	<hr/> 44	<hr/> 42	<hr/> 45	<hr/> 5

Group 6—Speech Therapy (Vacancy)**Group 7—Other Treatment**

	1966	1967
(a) Heart Cases (new) (treated at Hospital)	*3	*4
(b) Re-examination of Heart Cases (at Hospital) ...	Not Available	

A close liaison has been maintained this year with the Heart Clinic, and it was possible to ensure the effective carrying out of all the recommendations of the Consultant Physician.

*Ref. to C.R.I.

Minor Ailments Clinics

Daily sessions are held at Princess Street Clinic and Lache School, during school terms.

	1966	1967
Skin conditions	9	51
Ear conditions (non-operative)	4	5
Nose conditions (non-operative)	—	10
Uncleanliness of Head	201	129
Uncleanliness of Body	—	4
External Eye Conditions	4	6
Sight Testing	19	14
Miscellaneous	228	200
Re-inspections	445	239
Total attendances for treatment	<hr/> 910	<hr/> 658

SCHOOL HYGIENE

School Meals and Milk

I am indebted to the Chief Education Officer for the following figures.
Number of pupils in Primary Schools taking dinners:—

	1966	1967
(a) Free	215	329
(b) On Payment	3802	4097
	<hr/> 4017	<hr/> 4426

Number of pupils in Secondary Schools taking dinners:—

	1966	1967
(a) Free	117	160
(b) On Payment	2536	2649
	<hr/> 2653	<hr/> 2809

Number of pupils in Nursery Schools taking dinners:—

	1966	1967
(a) Free	13	11
(b) On Payment	58	61
	<hr/> 71	<hr/> 72
	<hr/> 1966	<hr/> 1967

Number of pupils in Nursery Schools who take Milk	71	72
Number of pupils in Primary Schools who take Milk	5486	5573
Number of pupils in Secondary Schools who take Milk	2879	2721

Now that we have finished with priorities for milk, and there is adequate production and no rationing, the question of the continuance of school milk falls to be considered. From the number of pupils examined who had unsatisfactory general condition (nine out of 3,266) and with 7,307 pupils out of 11,034 taking school dinners, it would appear that we have overcome the bogey of malnutrition. It would, however, be unwise to adopt an economy which could affect the well-being and health of the future generation.

School Hygiene and Cleanliness

(1) Hot Water Supply

The majority of the Schools in the City have a piped hot water supply, the exceptions being one Primary and one Infant School. In these, the need is met by gas or electric geysers.

The total number of pupils in attendance at these three schools was (1967) 364.

(2) Overcrowding and Sanitation

A particular watch has been kept, as in previous years, to ensure that the accommodation was adequate in the Class Rooms and any faults were reported to the Education Authority.

Examination was made of toilet accommodation of certain schools (some of which was outside the main school building) and this led to a review of the toilet accommodation in the older schools in the City.

(3) School Kitchens and Canteens

The following Schools have Kitchens and Dining Rooms:—

St. Paul's C. of E. Primary	Hilary Haworth Nursery
Bishops' County Secondary	Hoole County Secondary
Blacon County Infants	Newton County Primary
Blacon County Junior	Overleigh County Secondary
Boughton Nursery School	St. Bede's R.C. Secondary
Cherry Grove Infants	St. Francis' R.C. Primary
Cherry Grove Junior	St. Theresa's R.C. Primary
City Grammar School	Victoria Rd., County Primary
City High School	Woodfield County Infants
Dee Point County Junior	Woodfield County Junior
Egerton Street Infants	Dee Point County Infant
Lache County Primary	Dee Point County Infants
Handbridge St. Mary's C. of E. Primary	Charles Kingsley County Secondary

The following Schools have Canteens with meals supplied from Central Kitchens:—

All Saints' C. of E. Infants	St. Mary's Hill C. of E. Infants
Highfield County Infants	Westminster C. of E. Junior
Highfield County Junior	St. Werburgh's R.C. Infants
Hoole County Primary	St. Thomas's C. of E. Junior
St. Werburgh's R.C. Junior	(George St.)

Pupils from the following Schools attend Canteens away from the School Precincts:—

St. Thomas's C. of E. Infants' Dept.
St. Werburgh's R.C. Infants Dept.

(4) School Meals Staff

Special care is taken to ensure that the School Meals personnel do not carry diseases, especially intestinal fevers. Notices are posted in all Canteens; the incidence of any gastro-intestinal upset is immediately investigated and during this time the patient is not allowed to handle food or utensils. The Staff are subject to special investigation to ensure freedom from carrying intestinal disease, and a periodic check of 'stand-by' Staff is also made. No person is employed in the School Meals Service until she has satisfactorily passed these tests. Although these safeguards are good, it must be understood that, in spite of them, it is still possible to get outbreaks of Food Poisoning from this and other sources.

CLOSURE OF SCHOOLS AND EXCLUSION FROM SCHOOL FOR INFECTIOUS ILLNESS

The following table gives the number of cases of notifiable diseases occurring in children of school age (approximately, i.e. five years to 14 years, inclusive) as compared with the total notifications at all ages (in brackets):—

Notifiable Infectious Diseases					1963	1964	1965	1966	1967
Measles	...	...	...		248 (565)	72 (196)	118 (357)	61 (184)	78 (269)
Whooping Cough			...		6 (13)	22 (45)	8 (16)	1 (15)	6 (27)
Scarlet Fever	...	...			13 (18)	22 (29)	17 (24)	9 (18)	11 (14)
Pneumonia	...	...			— (2)	1 (3)	1 (2)	1 (3)	1 (2)
Food Poisoning	...	...			1 (13)	58 (103)	4 (16)	1 (12)	— (14)
Polio.—Paralytic		...			— (—)	— (—)	— (—)	— (—)	— (—)
Polio.—Non-Paralytic		...			— (—)	— (1)	— (1)	— (—)	— (—)
Encephalitis	...	...			1 (1)	— (2)	1 (1)	— (—)	— (—)
Meningitis	...	...			— (2)	— (1)	— (—)	— (—)	— (—)
Dysentery	...	...			— (—)	— (—)	— (—)	— (—)	9 (28)

VACCINATION AND IMMUNISATION

Diphtheria

Valuable liaison with the School Teachers has enabled us to hold sessions for Immunisation against Diphtheria at the end of the School Medical Inspections. In this way, it has been possible to maintain a high percentage of pupils who are fully protected against Diphtheria.

No. of children (all ages) immunised and re-immunised (booster doses) by the Medical Officers:—

	1963	1964	1965	1966	1967
Immunised	951	906	1041	871	852
Booster Doses	1219	1108	1701	1300	1521
Total — No. protected in year	2170	2014	2742	2171	2363

Whooping Cough (Pertussis)

Three injections are necessary. The vaccine is available to pupil's own General Medical Practitioners on request. The normal procedure is to combine Pertussis with Diphtheria Antigen, to diminish the number of injections necessary. On request, the combined Antigen can be given at the Schools. The demand has suffered by the urgency of immunisation against other diseases (smallpox, poliomyelitis) but efforts are directed to increasing the acceptance rate in the City.

Tetanus

The normal mode of administration is in combination with Diphtheria and Pertussis Antigen—the Triple Antigen—and this is available on request at the Clinic, School Inspections and for the patient's own doctor.

A Tetanus Immunisation Clinic is held as occasion demands at the Central Clinic, Princess Street. The purpose is to give active immunity against Tetanus (Lockjaw) especially after Passive Immunity has been induced by A.T.S. (Anti-Tetanic Serum) at Hospital. The necessity for subsequent doses of A.T.S. is nullified by this Active Immunisation—and so the danger to life from Anaphylaxis (due to giving second doses of A.T.S. in the sensitive state caused by the first dose) is removed. The Hospitals have co-operated by notifying to the Health Department all cases receiving A.T.S. after accidents: the patients are then invited to attend the Immunisation Clinic.

Smallpox

Normally, to prevent wastage of vaccine, patients are referred to their own General Medical Practitioners for vaccination.

Facilities for the vaccination of children at each Infant Welfare Clinic in the City were made available in an effort to increase the number of infants protected. At the present moment, the best time to introduce the Primary Vaccination of children is thought to be between the first and second birthdays.

				1963	1964	1965	1966	1967
Infants	...	...	...	74	13	10	63	13
1 year	...	...	...	36	177	209	254	210
2—4 years	...	...	...	9	111	184	133	166
5—15 years	...	...	...	26	20	35	67	37
15 and over	...	...	...	33	31	32	50	22
Total	...	...	...	194	325	470	567	448
Re-vaccinations	...	...	...	374	146	140	324	149

B.C.G. Vaccination against Tuberculosis

A further extension of the scheme for vaccination against T.B. included pupils of age 10 and upwards, but normally confined activities to pupils aged 13 and upwards (the lower age being for special cases and circumstances). Students attending all types of educational establishments were included.

B.C.G. Vaccination is normally carried out during the Michaelmas Term (Sept.—Dec.). Patients who reacted strongly to B.C.G. were sent to the Chest Clinic at the City Hospital by arrangement with the Chest Physician. Here they were X-Rayed and kept under observation if necessary.

	1966	1967
No. of pupils and students tested	703	628
No. of these Mantoux Positive	25	11
No. of these Mantoux Negative and given B.C.G.	673	614
No. absent for reading	5	3

Poliomyelitis Vaccination

We are reminded that persons eligible to receive free 'polio' vaccine are those aged up to 40 years as well as certain special groups of people (Hospital Staff, Doctors, Nurses, Ambulance Drivers). It is recommended that Polio Vaccination be not given to expectant mothers until the fourth month of pregnancy.

The introduction of **Oral** vaccine—three drops of vaccine are given by mouth on a lump of sugar—has made the administration of the scheme immensely easier. It has also made the protection of contacts of actual cases much easier; a scheme of 'blanketing' cases of polio is implemented which is similar to the blanketing of cases and contacts of smallpox, though the measures are not quite so rigid.

The fourth or booster dose of vaccine is available to pupils between five and 12 years old.

There is no waiting list for polio vaccination, as the vaccine is in ample supply.

The position at 31st December, 1967, was:—	1966	1967
Total No. of persons who had three doses ...	23634	24487
Total No. of persons who had two doses ...	10374	11254
Total No. of persons who had one dose ...	10681	11583
No. of school pupils who had three doses ...	10541	10607
No. of pupils aged 5 to 12 years who had fourth dose	8014	8173

HANDICAPPED PUPILS

Ascertainment

For most disabilities, the School Medical Officers can ascertain the educational needs of the Handicapped Pupil. There are, however, certain special handicaps demanding special knowledge on the part of the assessors.

From Form 21M

No. of pupils newly assessed during 1967	Blind	Partially Blind	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defect	TOTAL
No. newly-placed in Special Schools during 1967	—	1	2	—	1	4	—	2	—	1	11
*No. of pupils requiring places in Special Schools re waiting admission	—	1	—	—	—	1	—	—	—	—	2
On 19th January, 1968, number at Special Schools	4	2	2	3	2	1	5	—	—	1	20
On 19th January, 1968, number being educated in Hospitals, Other Groups (e.g. Spastic Units, Convalescent Homes etc.) and at home	—	—	2	—	7	1	—	—	1	—	11

*This includes pupils at Special Classes (not classified as Special Schools). The figures are therefore of those awaiting Day Special Schools.

See text.

Educational subnormality and the inability to benefit from formal school education are so serious and important that the Medical Officers must have special training in this work, with Refresher Courses from time to time.

Changes in the School Medical Staff have made it difficult to ensure that all of the School Medical Officers are so trained; at present, only the Principal and Deputy School Medical Officers and one School Medical Officer are approved.

Blindness, Deafness and (especially) Maladjustment are disabilities where the advice of Specialists is always sought before a child is registered as Handicapped. We have received invaluable help from the Specialists in these fields as well as from the Consultant Physician for Heart Cases and the Consultant Paediatrician.

It is normally only possible to carry out these ascertainment of handicapped pupils during the School holidays, because term time is very fully occupied with the School Medical Inspections.

Home Tuition

Much more Home Tuition is now practised than formerly. In an area such as Chester with a School population of about 11,034, there are insufficient handicapped pupils to allow for special educational schools in the City; where necessary, such cases must go to residential special schools in other parts of the Country. It is not common for a handicapped pupil to have to go away to Boarding School if the home circumstances are satisfactory; most pupils who have to go to residential schools are either those whose handicap is severe, or whose home circumstances make residential school expedient. We are getting more of this latter group recently.

Education

(a) Blind Pupils

Four Blind Pupils were in Special Schools at the end of 1967.

(b) Partially Sighted

Two pupils were in a Special School. Three in Ordinary School.

(c) Deaf

The total number of Deaf Pupils at the end of the year was two, both in Special Schools.

(d) Partially Deaf

Three pupils were in Special Schools for the partially deaf at the end of the year. The Pure Tone Audiometer used by the specially trained Health Visitors has been found very beneficial, in selecting cases for referral for examination by the E.N.T. Specialists.

(e) Educationally Subnormal Pupils

This is by far the largest group of Handicapped Pupils. It does not include pupils temporarily retarded by illness, changes of school or absence from any cause, but refers to those who by reason of innate limited ability

require special provision for their education. Temporary retardation can be treated by a stay in an adjustment class or by individual coaching.

The disposal of E.S.N. pupils is given in the table as shown on page 30.

The figure of 49 Educationally Subnormal pupils awaiting admission to Special Schools includes those pupils in attendance at the special classes for the educationally retarded.

(f) Epileptic Pupils

One was in Hospital School, one at Ordinary School.

It is to be noted that not all children who suffer from Epilepsy must be Registered as Handicapped, but only those who cannot be educated under the normal regime of ordinary school without detriment.

(g) Maladjusted Pupils

There were five pupils in Residential Schools.

The maladjusted child is influenced by many factors over which he has no control. He needs sympathy and understanding, and the services of a skilled Child Psychiatrist to elucidate his problems and to give expert advice as to his management.

Many cases where the home circumstances may be the cause require residential schools, but the majority are better living at home with special educational day school facilities.

Specialist's advice is sought in all these cases.

(h) Physically Handicapped

Here again we have consulted the Specialists whose advice is invaluable.

The education of this group has presented difficulty, but this has been overcome by:—

- (a) Two children in Special Residential Schools.
- (b) Three children in the Spastic Units.
- (c) Three children in Hospital with educational facilities.
- (d) The services of a Home Teacher for one child.

(i) Speech Defect

The Speech Therapist resigned on 31st January, 1966 and the Clinic had to be closed.

Numerous advertisements were placed in the appropriate Journals without success.

A number of serious cases of speech defect were treated privately by arrangement with the Education Authority.

(j) Delicate

This category includes those pupils who, not coming under the other categories, require special educational treatment by reason of impaired physical condition.

Often the condition is remediable with sufficient and correct treatment, but, so that the pupils do not suffer scholastically as a result, it is sometimes necessary for them to go to special schools, especially if the home environment is not good.

Of four pupils examined in this category during 1967, one was admitted to a special (residential) school, there being no special day schools in Chester for this purpose. In three cases the parents declined to accept this treatment and the Medical Officers kept a special watch on the pupils at the school inspection. It must be borne in mind that often psychological conditions play a big part in a child's happiness and development, and even if a home is not very satisfactory, it might be wiser for the child to remain under his parents' care.

One such child remained at home and received Home Tuition.

EMPLOYMENT OF SCHOOL CHILDREN

The Medical Officers examined 62 pupils during 1967 to ascertain their fitness for employment out of School hours. Certificates were granted in all cases.

CO-OPERATION WITH PARENTS

It is a tribute to our School Medical Service to record that during 1967 the number of parents present at the Periodic (Routine) Inspections was 1,750, representing 53.88 per cent. of all pupils examined. 1966 figures were 1,752 (56.09 per cent.).

MINISTRY OF EDUCATION CIRCULARS 248 & 249 PREVENTION OF TUBERCULOSIS AND CIRCULAR 18/67 MINISTRY OF HEALTH

The Medical Officers examined 89 people as Entrants to the Teaching Profession or to Training Colleges. In each case, X-Rays were arranged, usually at the Mass Radiography Unit of the Liverpool Regional Hospital Board.

All Teachers and Staff who come into contact with the pupils have an X-ray of chest before taking up their duties. The Mobile Mass Radiography Unit of the Liverpool Regional Hospital Board visits the City approximately every two years, and on these occasions, also, all Teachers are urged to attend.

Under the Ministry of Health Circular 18*67, all persons in close contact with children should have Chest X-Rays at three-yearly intervals at the least.

EXAMINATION OF OTHER STAFF

The following examinations were made:—

					1966	1967
Canteen Staff	...	...	...	...	73	66
Cleaners	...	...	...	...	10	37
Caretakers	...	...	...	...	4	2
Candidates for:—						
Training Colleges	...	...	...	...	55	61
Teachers	...	...	...	...	34	27
Clerical Assistants	...	...	...	...	3	—
Nursery Assistants	...	...	...	...	4	2

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER FOR 1967

The year has seen substantial changes in the School Dental Service. After many years spent in various temporary premises, the Central Clinic was finally established at the new St. Martin's House in September, 1967.

The transfer of premises and more particularly the planning and re-equipping of the new clinic was not without its attendant problems. Some of these have been overcome, others will remain with us for some little time. Unfortunately, some having been incorporated into the design and structure of the building will persist as sources of minor irritation and perpetual reminders of the need for the closest collaboration from the very earliest planning stages between architects and representatives of the profession for whom premises of a specialised nature are being constructed. Nevertheless, there is little doubt that the City is now able to operate its School Dental Service from a clinic which will have few equals in this country.

A less fortunate set of changes affected the staffing situation. Miss Male resigned her full-time appointment but returned later in the year as a part-time officer. Mr. Shaw resigned on his appointment as Chief Dental Officer to the Birkenhead authority. This was a great loss to our service but we wish Mr. Shaw every success in his new post. The two vacancies were eventually filled by Mr. Turnbull and Mr. Kearney-Mitchell but the former resigned after only six months in favour of general practice.

It was with great regret that we learned in April of the sudden death of Mrs. Amelia Griffiths, who had been caretaker of the various dental clinics for many years. I should like to pay tribute to the excellent and unfailing service given by this lady over the years.

The changes referred to having caused us to run below strength for some six months are reflected not unnaturally in the statistical tables. There is an expected but nevertheless disappointing decline in most sections but the most ominous pointer is the sharp rise for the second successive year in the number of 'emergencies'. Clearly as the availability of routine conservation treatment fails to meet the requirements of the school population, the demand for emergency treatment grows and, as more and more time is devoted to the urgent relief of pain and sepsis, even less time

becomes available for conservative work and dental health education. This is a vicious circle which, if unchecked, can lead to rapid and progressive deterioration in the standard of service we seek to provide.

At St. Martin's House we are equipped to provide a comprehensive service of children's dentistry approaching that of many teaching hospitals and one which will be the envy of many larger local authorities. Depending now on our ability to attract, appoint and retain sufficient staff of the right calibre, the Service will develop and prosper or suffer the inevitable decline brought about in so many other areas as a result of chronic deficiency of staff.

G. H. STOUT, V.R.D., L.D.S.,
Principal School Dental Officer.

DENTAL INSPECTION AND TREATMENT, 1967

						1967
1. INSPECTION						
(a) First Inspection at School—No. of Pupils	...	...	...	...	...	636
(b) First Inspection at Clinic—No. of Pupils	...	...	...	...	...	1455
(c) No. of (a) and (b) found to require treatment	...	...	...	...	...	1644
(d) No. of (a) and (b) offered treatment	...	...	...	...	...	1472
(e) Pupils re-inspected at School or Clinic	...	...	...	...	...	255
(f) No. of (e) found to require treatment	...	...	...	...	...	195
						1967 (1966)
(g) TOTAL No. of Inspections carried out	...	...	...	...	...	2346 (5496)
(h) TOTAL No. found to require treatment	...	...	...	...	...	1779 (4785)
2. ATTENDANCES AND TREATMENT						
		Ages: 5—9	10—14	15 & over	Totals	
First Visit	...	767	809	197	1773	
Subsequent Visits	...	1112	1810	464	3386	
Total Attendances for treatment		1879	2619	661	5159	
Additional Courses of Treatment commenced		34	34	8	76	
						1967 (1966)
Fillings:—						
Permanent Teeth		657	1950	451	3058	(4156)
Deciduous Teeth		518	39	—	557	(1129)
Total No. Fillings		1175	1989	451	3615	(5285)
Permt. Teeth Extracted		134	403	108	645	(647)
Decid. Teeth Extracted		1241	259	—	1500	(1732)
Total No. Extractions		2375	662	108	2145	(2379)
General Anaesthetics		331	115	15	461	(345)
Emergencies		306	157	38	501	(467)
Courses of Treatment completed					1030	(1083)
3. ORTHODONTICS						
Cases remaining from previous year	...	...	...	...	...	33
New cases commenced	...	...	...	...	...	17
Cases completed	...	...	...	...	...	13
Cases discontinued	...	...	...	...	...	11
No. of removable appliances fitted	...	...	...	...	...	47
No. of fixed appliances fitted	...	...	...	...	...	—
No. of pupils referred to Hospital Consultant	21

4. PROSTHETICS

No. of Dentures supplied	16
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5. OTHER OPERATIONS

No. of Teeth Root-filled	11
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No. of Inlays	4
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No. of Crowns	16
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Miscellaneous Other	676
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6. SESSIONS

Treatment	870
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Inspection	46
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Dental Health Education	Nil
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LOCAL AUTHORITY CLINICS**MINOR AILMENTS**

Mornings only, Monday to Friday during Terms

1. Central Clinic, St. Martin's House
2. Lache Primary School

DENTAL CLINICS

Morning and Afternoon, Monday to Friday

1. Dental Clinic, St. Martin's House
2. Blacon Clinic, Churchway, Blacon

SPEECH THERAPY (Vacancy)**SPECIALIST CLINICS**

The following Clinics are maintained by the Regional Hospital Board and pupils are seen by appointment:—

- Chest Clinic—City Hospital, Hoole Lane, Chester
- Ear, Nose and Throat Clinic—Royal Infirmary, Chester
- Heart Clinic—Royal Infirmary, Chester
- Ophthalmia Clinic—Royal Infirmary, Chester
- Orthopaedic Clinic—Royal Infirmary, Chester
- Paediatric Clinic—Royal Infirmary, Chester
- Psychiatric Clinic—Royal Infirmary, Chester
- Surgical Clinic—Royal Infirmary, Chester

OTHER SPECIALIST CLINICS

Pupils seen by appointment

- Child Guidance—Notre Dame Child Guidance Clinic
Maryland Street, Rodney Street, Liverpool

